

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-372)**

SERIAL NO. 10-069,424  
APPLICANT(S) \_\_\_\_\_

**CLAIMS**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT						
	IND.	DEF.	IND.	DEF.	IND.	DEF.		IND.	DEF.		
1							51				
2							52				
3							53				
4							54				
5							55				
6							56				
7							57				
8							58				
9							59				
10							60				
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41							91				
42							92				
43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.							TOTAL IND.				
TOTAL DEF.							TOTAL DEF.				
TOTAL CLAIMS							TOTAL CLAIMS				

PTO-372 (2-79)

THIS IS VOID FOR ADDITIONAL CLAIMS OR AMENDMENTS

SEE INSTRUCTIONS FOR PROPER FILING

BEST AVAILABLE COPY